

Division of Health Service Regulation

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|--|---|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                            |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL045001</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/29/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARDINAL CARE CENTER-HENDERSONVILLE</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1000 WEST ALLEN STREET<br/>HENDERSONVILLE, NC 28739</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| {C 000}  | Initial Comments<br><br>Report of Follow-up Survey by Dennis Harrell on<br>10-29-2015.<br><br>Some deficiencies were not corrected. Further<br>action is required.  | {C 000}   |  |  |
| {C 101}  | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF<br>PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult<br>care home shall be applied as follows:<br>(2) Except where otherwise specified, existing<br>licensed facilities or portions of existing licensed<br>facilities shall meet licensure and code<br>requirements in effect at the time of construction,<br>change in service or bed count, addition,<br>renovation, or alteration; however in no case shall<br>the requirements for any licensed facility where<br>no addition or renovation has been made, be less<br>than those requirements found in the 1971<br>"Minimum and Desired Standards and<br>Regulations" for "Homes for the Aged and Infirm",<br>copies of which are available at the Division of<br>Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by:<br>1- Based on observations, the facility failed to<br>ensure that the building meets the NC State<br>Building Code regarding emergency exiting. This<br>deficiency directly affects all residents, personnel,<br>and visitors who may have to exit the facility in an<br>emergency.<br><br>Findings on include:<br><br>a- The emergency release buttons for the | {C 101}   |  |  |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| {C 101}  | Continued From page 1<br><br>magnetic locks located at all EXITs are<br>momentary release buttons, allowing the doors to<br>re-lock after approximately 30 seconds.   | {C 101}   |  |  |
| {C 154}  | Entrances/Exits-Wanderer Alarms<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL<br>ENVIRONMENT<br>(h) The requirements for outside entrances and<br>exits are:<br>(4) In homes with at least one resident who is<br>determined by a physician or is otherwise known<br>to be disoriented or a wanderer, each exit door<br>accessible by residents shall be equipped with a<br>sounding device that is activated when the door is<br>opened. The sound shall be of sufficient volume<br>that it can be heard by staff. If a central system<br>of remote sounding devices is provided, the<br>control panel for the system shall be located in<br>the office of the administrator or in a location<br>accessible only to staff authorized by the<br>administrator to operate the control panel.<br><br>This Rule is not met as evidenced by:<br>1- Based on observations and interviews with the<br>staff, the facility has failed to have a system for<br>monitoring all exit doors in accordance with this<br>Rule. This may affect any disoriented resident if<br>not supervised.<br><br>Findings include:<br>a- The two exit doors from the back and middle<br>corridors lead into the secure courtyard and are<br>kept unlocked at all times and are equipped with<br>no sounding devices. There was no method<br>identified to prevent residents who may be<br>disoriented from going outside into the courtyard<br>during times of extreme temperatures or weather. | {C 154}   |  |  |

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| {C 189}  | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER<br/>REQUIREMENTS<br/>(a) The building and all fire safety, electrical,<br/>mechanical, and plumbing equipment in an adult<br/>care home shall be maintained in a safe and<br/>operating condition.<br/>(k) This Rule shall apply to new and existing<br/>facilities with the exception of Paragraph (e)<br/>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>4- Based on observations, the facility failed to<br/>ensure that the building is safe by not maintaining<br/>the fire resistance of building components. This<br/>deficiency directly affect all residents, personnel,<br/>and visitors by allowing the possible spread of<br/>smoke beyond the compartment of origin.</p> <p>Findings on include:</p> <p>a- There are unprotected penetrations in the<br/>following locations to include but not limited to:<br/>5- The Mechanical Room opposite Room 110<br/>(foam)<br/>b- The smoke doors located at Room 102 do not<br/>completely close and latch.</p> | {C 189}   |  |  |